

## CHARTER TOWNSHIP OF

## **GENESEE**



## DEPARTMENT OF POLICE

Date of Request:		
Name of Resident:		Phone: ()
Address:		
Date: Leaving:		Date Returning:
Alarm system: Yes o	r No Alarm Co	·
Vehicle left on premis	es:	
Pets:		
		acted in case of emergency and will be looking after my
Name:		Phone: ()
Address:		
Authorization and Wavi	er:	
listed above. The unders any and all claims for per any action or lack ther	igned does hereby sonal injury, loss of eof by a represe cks will be done of	vinship and its Police Department to visually check upon the property of agree to hold harmless the Township, it employees and agents for the damage to property that may be suffered the undersigned through that it is not the Township. Undersigned understands there are no in a daily basis. Vacation checks are done during standard operating
Signature:		Date:
Date:	_ Time:	Initials:
Date:	Time:	Initials:
Date:	Time:	Initials:
Date:	Time:	Initials:

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